

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
GENERAL CONTRACTOR DIVISION
P O Box 13446
Macon, GA 31208
Phone: 478-207-2440
Fax: 478-207-1454
www.sos.state.ga.us/plb/contractors

GENERAL DIVISION
APPLICATION FOR LICENSE OBTAINED FROM A PRIOR APPROVAL STATUS FOR
GENERAL CONTRACTOR LIMITED TIER
GENERAL INFORMATION

THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE POST OFFICE BOX SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION. **The application must be completed in ink**

TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED.

This is an application to allow the applicant to take a prior approved status and use it to attempt to have another approval issued for a company, or to use it to attempt to have another approval issued as an individual, or to use it to attempt to have another approval issued for a different company. (see O.C.G.A. § 43-41-9).

You must submit for the same type of licensure (basic, light-commercial, or general contractor) for which you were originally approved.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: www.sos.state.ga.us/plb/contractors. You are responsible for knowing the laws and rules for your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be maintained by our office and not returned to you.

7. Please check the license type for which you are applying.

_____ **General Contractor Qualifying Agent – Limited Tier**

If you are applying as a Qualifying Agent, please complete the information below.

_____ **General Contractor Individual – Limited Tier**

If you are applying as an Individual, please skip to the financial responsibility section.

QUALIFYING AGENT INFORMATION: Please be sure the Qualifying Agent Affidavit below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.

9. *Name and type of Business Organization: _____

☐ Partnership/LLP ☐ LLC ☐ Corporation (please list state of incorporation): _____
☐ Joint Venture ☐ Other _____

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

10. Physical Business Address: _____
(Street) (Apt #) (City/State/Zip Code)

11. Federal ID#: _____

12. Business Telephone #: () _____ **13. Fax #:** () _____

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Company Name)

the ☐ Owner ☐ Officer ☐ Partner of said business organization and possess binding authority for the

business organization and do hereby appoint _____ to act as
(Name)

qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license. **I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all business matters, including contracts and contract performance and financial affairs of the business organization or entity.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

(Owner/Officer/Partner Signature)

(Title)

Subscribed before me this _____ day of _____, 20 _____.

(Notary Public)

My Commission Expires: _____ (Seal)

Company Affiliation (If prior approval was as a Qualifying Agent)

1. Which of the following applies to you?

- ☐ I am no longer with the company, _____, for which I initially applied.
Name of original company

Date of disaffiliation, if applicable: _____

- ☐ I am remaining with the company, _____, for which I was initially approved as a QA. Name of original company

2. What is/was your title and/or position with the initial company you qualified?

3. I am currently affiliated with this company for which I am applying by ☐ employment or ☐ ownership. (please check one)

4. What is your title and/or position with this company you are trying to qualify?

Financial Responsibility (To be answered by the applicant)

1. Do you (as an individual or business entity) have a minimum net worth of \$25,000.00?

- ☐ Yes ☐ No

2. Do you (as an individual or business entity) have a Line of Credit issued by a banking institution in a minimum amount of \$25,000.00?

- ☐ Yes (Line of Credit from Bank required, see attached) ☐ No

3. Have you (as an individual or business entity) paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes, as required by law, for the previous three years?

- ☐ Yes ☐ No

4. Have you paid all judgments, taxes, student loans or child support payments as required by law?

- ☐ Yes ☐ No

5. Have you (as an individual or business entity) ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?

- ☐ Yes ☐ No

If you answered "No" to question 3 or 4 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "No" answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered "Yes" to question 5, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

6. Do you (as an individual or business entity) currently carry worker's compensation insurance as required by state law?

☐ Yes (Attach Certificate of Insurance) ☐ No ☐ N/A (Less than 3 employees)

7. Do you (as an individual or business entity) currently carry general liability insurance in a minimum amount of \$500,000?

☐ Yes (Attach Certificate of Insurance from insurer) ☐ No

General Information:

1. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes* ☐ No

***If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.**

2. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes* ☐ No

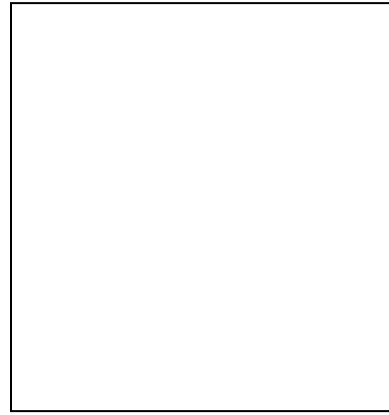
***If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

3. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes* ☐ No

***If you answered "Yes" to this question, please attach an explanation.**

Photo: (Attach a passport-type, color photograph of yourself here, showing head and shoulders only, taken within the last 90 days. The photo should fit within this box. Driver's licenses,

identification cards, cropped photos, computer-generated photos, etc., WILL NOT be acceptable. It must be a passport-type photo):



I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Print Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

My commission expires _____

(Seal)

Revised 7/11/08



State Licensing Board for Residential and General Contractors
State of Georgia

LINE OF CREDIT FOR GENERAL CONTRACTOR – LIMITED TIER

TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)
Address
City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, General Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, General Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

SAMPLE LETTER – FOR BANK USE ONLY

Instructions

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC
06/16/2008

Form A



State Licensing Board for Residential and General Contractors
State of Georgia

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a _____ contractor. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed

Signature

Residence Street Address

Aliases or Maiden Name

City, State, Zip

Sex

Race

Social Security Number

Date of Birth

Date of this Authorization

I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE FOR CONTRACTING.